Pregnancy Maintenance Initiative Client Satisfaction Survey

Catholic Charities of Northern Kansas
Office Location:_____

1. How did you learn about these services?

_____
_____
_____

2. Check the services that you received as a result of your participation with the Pregnancy Maintenance Initiative/Case Management Program.

□ Prenatal Medical Care
□ Medical Care (non-pregnancy)
□ Substance Assmt./Treatment
□ Domestic Abuse Protection
□ Housing
□ Child Care
□ Alternative Education
□ Parenting Education/Support
□ Paternal Involvement Support
□ Transportation
□ Adoption Guidance
□ Emotional Support
□ Baby Items
□ _____

3. How long did you wait for your first visit with the PMI case manager?

□ less than 1 week
□ 1 week
□ 2 weeks
□ 3 weeks
□ 4 weeks or more

4. Did you have problems getting to the services (e.g., transportation, appointments conflicted with work schedule or school, child care)?

□ No □ Yes Describe the problem:

_____
_____
_____

5. During your visits:

Did the case manager carefully listen to you?	□ Yes	□ No
Did you feel that you were treated with respect	□ Yes	□ No
Do you feel you participated in the goal planning?	□ Yes	□ No
Were things explained in a way you could understand?	□ Yes	□ No

If you checked "no" to any of the above, please explain:

_____
_____
_____

6. If these services had been unavailable, what would you have done in relation to your pregnancy and other needs?

_____
_____
_____

7. Would you recommend these services to a friend or relative? □ Yes □ No

8. How old are you?

□ under 15
□ 15-17
□ 18-19
□ 20-24
□ 25-29
□ 30-39
□ 40-49
□ 50+

9. What is your race?

□ White
□ Black/African American
□ American Indian/Alaskan Native
□ Asian
□ Native Hawaiian/Pacific Islander
□ Other

10. Do you consider yourself to be of Hispanic origin? □Yes □No

11. How was this program most helpful to you?

_____
_____
_____
_____

12. Please share any feedback that would help us make this program better.

_____
_____
_____
_____